

ENROLLMENT INFORMATION
MALDEN R-I SCHOOLS

(Print all information Clearly)

Date of Enrollment _____

NAME: _____
(first) (m.i.) (last)

SEX _____ RACE _____ DATE OF BIRTH _____ SOC. SEC # _____
(month) (day) (year)

AGE _____ BIRTHPLACE _____ BIRTH CERT. NO. _____
(Kindergarten and New Students Only)

HOME ADDRESS _____ PHONE # _____

SCHOOL LAST ATTENDED _____

SCHOOL YEAR ATTENDED _____ GRADE IN SCHOOL _____
(this year) (last year)

PARENT (S) / GUARDIANS (S) (in the home)

1ST PARENTS NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

2ND PARENTS NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

PARENT(S) / GUARDIANS(S) (not in the home) * This section is optional.

NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

WHAT LANGUAGE IS SPOKEN IN THE HOME _____

MIGRANT INFORMATION: HAVE YOU BEEN EMPLOYED IN FARM LABOR OF ANY KIND IN THE LAST 5 YEARS? NO ____ YES ____

IF YES, EXPLAIN _____

DO YOU CURRENTLY RESIDE WITH ANOTHER FAMILY, OR A PERSON OTHER THAN FAMILY, OR IN A TEMPORARY HOUSING FACILITY? NO ____ YES ____

DID YOUR CHILD ATTEND ANY SPECIAL CLASSES? NO ____ YES ____ IF YES, WHAT CLASSES? _____

TRANSPORTATION INFORMATION -

DISTANCE FROM SCHOOL More than 1 mile yes no

BUS PICKUP ADDRESS: _____ BUS # _____ LOAD _____

BUS DELIVERY ADDRESS: _____ BUS # _____ LOAD _____

*IF THE PICKUP OR DELIVER ADDRESS IS RURAL, PLEASE GIVE COMPASS DIRECTIONS AND ROAD NUMBERS:

EMERGENCY INFORMATION: WE MUST HAVE THIS INFORMATION!!!

PERSONS TO CALL IN CASE OF EMERGENCY - **** OTHER THAN THE PARENTS ****

NAME (1) _____ PHONE # _____

NAME (2) _____ PHONE # _____

MEDICAL DOCTOR _____ PHONE # _____

DENTIST _____ PHONE # _____

IN THE EVENT OF AN EMERGENCY AND WE CANNOT CONTACT YOU, DO THE SCHOOL OFFICIALS HAVE YOUR PERMISSION TO ACT IN YOUR BEHALF, CONCERNING YOUR CHILD'S HEALTH AND WELL-BEING?

YES _____ NO _____

1ST PARENT SIGNATURE / Date

2ND PARENT SIGNATURE / Date
(Optional)

SENT _____ RECEIVED _____

Malden R-I School District
Residency Enrollment Checklist

Name of Parent/Guardian: _____

Address: _____ **City/State:** _____

Telephone: Home _____ Work _____ Cell _____

Name of Student: _____

Address Verification- Check One (Provide copy of document)

- ☐ Rental Contract
- ☐ Real Estate Contract signed by all parties
- ☐ Utilities Bill/ Deposit Receipt
- ☐ Other (payroll check, driver's license, W-4, employment documents)

Basis for Admission of Student- Check One (167.020 RSMO)

- ☐ Resides with a parent in the school district
- ☐ Resides with a legal guardian in the school district (Copy of court-ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944))
- ☐ Resides with a military guardian in the school district (SB944)
- ☐ Homeless child (person less than 21 years of age who lacks a fixed, regular, and adequate nighttime residence), including a child who
 - ☐ a. Living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
 - ☐ b. Living in a community shelter facility
 - ☐ c. Living in transitional housing for less than one year

Give the address or directions. _____

- ☐ Special circumstances- Check one if applicable (167.151 RSMO)
 - ☐ a. An orphan
 - ☐ b. One parent living
 - ☐ c. Parents do not contribute to the student's support
 - ☐ d. Agriculture (all four of the following conditions must be met: own real estate of which 80 acres or more used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the district, parent notified the district on or before June 30 that the student would be attending)
 - ☐ e. Parent is a teacher under contract with the district (Board Policy required- Section 167.151 RSMO, 168.151 RSMO)
 - ☐ f. Parent is a regular employee with the district (Board policy required- Section 163.011 RSMO)
- ☐ Under certain circumstances as prescribed by state law, non-resident students may enroll under the following conditions:
 - ☐ a. Tax Credit Tuition- Any person who pays a school tax in any other district in which he or she resides may send his/her children to any public school in the district in which the tax is paid to the district (Section 167.151(3) RSMO)
 - ☐ b. Transportation Hardship as assigned by the commissioner of education (Section 167.121 RSMO)
 - ☐ c. Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6 RSMO)

Affidavit:

By my signature below I attest that the information listed above is a true and accurate statement. Furthermore, I attest that I am not enrolling my child in the Malden R-I School District for athletic reasons and that the student is living in the district for reasons other than enrolling in the Malden R-I School District.

Signature of the Parent or Legal Guardian: _____

Office use only

Date of student admission: _____

Student denied admission, date of dismissal: _____

Reason for denial: _____

**Malden R-I School District
601 W Burkhart St
Malden MO 63863
573-276-5794**

**One-Time Parent/Guardian Consent to Access Public Benefits and Release
Personally Identifiable Information**

With parental consent, school districts are allowed to seek reimbursement from the MO HealthNet (Medicaid) Division for payment of medically related services provided through an individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) by accessing a parent's or child's public benefits.

In order to access your public insurance, the school district must have your consent. By signing below, you are indicating that you understand and agree for the school district to release personally identifiable information about your child and the IEP services your child receives and to access your public insurance to pay for some services in your child's IEP under the IDEA. This may include sharing information with the MO HealthNet Division (MHD), their contracted billing agent, and/or a physician to obtain the necessary documentation (e.g., physician scripts, and referrals) to receive partial reimbursement for services provided through an IEP. The information released may include your child's name, date of birth, social security number (if provided), Medicaid ID or other identification, disability type, IEP and evaluations, types of services, times and dates services were delivered, and progress notes.

School District Name: Malden R-I School District _____

Student's Full Name: _____ Date of Birth: _____

By signing below, you are indicating the following:

< I understand the above and give the school district permission to access my or my child's public insurance and release my child's education records and information about the services my child receives through the IEP in order to bill MO HealthNet (Medicaid) for partial payment of medically related IEP services under the IDEA.

< I understand this consent will remain in effect at all times the district is responsible for providing services to my child unless revoked by me and I may revoke my consent at any time by notifying the district in writing.

< I understand that withdrawing my consent does not change the school district's responsibility to provide all required IEP services to my child at no cost to me.

< Before giving my Consent below, I was given a written notice telling me more about parental consent and the purpose of this form.

Parent/Guardian Name (PRINTED) _____

Parent/Guardian Signature _____

Date _____

Malden R-1 School Student Health Inventory

Your child's learning depends upon good health. To assist us in providing health service for your child, please complete the following health inventory and return to school. (Parents are responsible for advising the school when changes are needed to the information provided on this form).

Student Name: _____ Grade: _____ Teacher: _____

Medical History

☐ Yes ☐ No Consent to give over the counter medication Tylenol, Ibuprofen, Tums or Pepto etc. (Per label instructions by age/wt.)

Diagnosed by Physician:

ADD ☐ Yes ☐ No

ADHD ☐ Yes ☐ No

Autism ☐ Yes ☐ No

Asperger's Syndrome ☐ Yes ☐ No

Anxiety ☐ Yes ☐ No

Obsessive Compulsive Disorder ☐ Yes ☐ No

Oppositional Defiance Disorder ☐ Yes ☐ No

Post-Traumatic Stress Syndrome ☐ Yes ☐ No

Bipolar ☐ Yes ☐ No

Asthma ☐ Yes ☐ No

If yes, Asthma Action Plan and inhaler must be on file

Seasonal Allergy ☐ Yes ☐ No

Latex Allergy ☐ Yes ☐ No

Drug Allergy ☐ Yes ☐ No Drug: _____

Allergic Reactions (Non-Life threatening such as hives, rash, etc.)

☐ Yes ☐ No If yes, to what? _____

Describe reaction: _____

Treatment: _____

Life Threatening/Severe Food Allergy (requiring an Epi-Pen)

☐ Yes ☐ No If Yes, Name of food: _____

Life Threatening Insect Allergy (requiring an Epi-Pen)

☐ Yes ☐ No If Yes, Name insect: _____

If Severe/Life threatening Allergy, Epi-Pen must be on hand for school use.

Epilepsy/Seizure Disorder ☐ Yes ☐ No

Type: _____ Frequency: _____

Limitation: _____

Date of last seizure: ____/____/____

Cancer/Blood Disorder ☐ Yes ☐ No

Limitations: ☐ Yes ☐ No

Type: _____ Date Diagnosed ____/____/____

Taking chemotherapeutic medication ☐ Yes ☐ No

Diabetes • Type I • Type II

Glucose monitoring at school ☐ Yes ☐ No

Insulin required while at school ☐ Yes ☐ No

Snacks/diet monitoring at school ☐ Yes ☐ No

Eye/Vision Problems ☐ Yes ☐ No

Describe _____

Hearing/Ear Problems ☐ Yes ☐ No

Describe _____

Bladder Problems ☐ Yes ☐ No

Describe _____

Bowel/Stomach Problems ☐ Yes ☐ No

Describe _____

Heart Condition ☐ Yes ☐ No

Type: _____

Limitations: _____

Other (Please describe health concerns) _____

List medications taken at home or school _____

Insurance Coverage:

Please select one:

_____ My student currently has insurance coverage, and we do not require additional information

_____ My student currently has Medicare/Medicaid coverage, and we do not require additional information

_____ My student is currently without coverage, and we would like information about Medicare/Medicaid

Parent/Guardian Signature: _____ Date: ____/____/____

Malden R-I School District

STUDENT HOME LANGUAGE SURVEY

The Malden R-I School District has an English as a Second Language (ESL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ESL program, please complete this form and return it to your child's school. Please call the director of the ESL program at 573-276-5791 option 2 if you have any questions. Thank you for your cooperation.

Student's Name: _____ Date: _____

Person Completing this survey: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Check the best answer to the following questions about your child and provide additional information if necessary:

1. Was the first language they learned English? ☐ Yes ☐ No
2. Can they speak a language other than English?
(Do not count languages learned in foreign language classes.) ☐ Yes ☐ No
3. Is any language other than English used at home? ☐ Yes ☐ No
4. Which language do they use most often with friends? ☐ English ☐ Other _____
5. Which language do they use most often with your parents? ☐ English ☐ Other _____
6. Which language do they use most often with other relatives? ☐ English ☐ Other _____
7. Have they attended school in a country other than the U.S.?
(If Yes, how long and what grades?) _____
8. Have they attended another school in the U.S.?
(If Yes, where and how long? _____
9. Have they attended another school in Missouri?
(If Yes, where and how long? _____
10. Please provide any other related information that would help the school identify any language instruction needs for your child.

MALDEN R-I SCHOOL DISTRICT
(Ethnicity and Race Student Self-Identification Form)

The district is requesting that this form be completed by the student or the student's parent (as defined in JO-AP). **Completion of this form is voluntary.** The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

Students Name: _____

Student Identification Number: _____ School: _____

Instructions: Please answer both questions.

Question 1

Ethnicity (Choose only one):

Is the student Hispanic or Latino?

- ☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture or origin, regardless of race)
- ☐ No, not Hispanic or Latino

Question 2

Race (Choose one or more):

What is the student's race?

- ☐ American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)
- ☐ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- ☐ Black or African American (a person having origins in any of the black racial groups of Africa)
- ☐ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands)
- ☐ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

The term “homeless children and youth”—

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes —

- i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;
- iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA).

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ____yes____no

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ____yes____no
3. Are you currently residing in an emergency or transitional shelter? ____yes____no
4. Has the student been abandoned in a hospital? ____yes____no
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ____yes____no
6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ____yes____no

[illegible]

Please list the names, birthdates, and grade level
of all brothers and sisters of the child who is enrolling.

Child's Name: _____

Parent's Email Address: _____

Brothers or Sisters of the child:

Name

Birthdate

Grade Level
